2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078330

Entity Name: C & A, LLC

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6415 E. MACLAURIN DRIVE 6415 E. MACLAUREN DRIVE TAMPA, FL 33647

TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

6415 E. MACLAUREN DRIVE 6415 E. MACLAURIN DRIVE

TAMPA, FL 33647 TAMPA, FL 33647

FEI Number: 20-1929332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MORALES, WALTER MORALES, WALTER 6415 E. MÁCLAUREN DRIVE 6415 E. MACLAURIN DRIVE TAMPA, FL 33647 TAMPA, FL 33647

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WALTER J. MORALES 04/27/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition

MORALES, EILEEN MORALES, EILEEN Name: Name: Address: 6415 E. MACLAUREN DRIVE Address: 6415 E. MACLAURIN DRIVE

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete Title: MGR (X) Change () Addition Name: MORALES, WALTER Name: MORALES, WALTER

Address: 6415 E. MACLAUREN DRIVE Address: 6415 E. MACLAURIN DRIVE

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EILEEN MORALES 04/27/2005